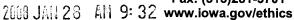
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD IA ETHICS AND 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-3701





lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office use only			
ndexed	**************************************		
Audited _			
Checked			
Compute	r		

Fort Dodge Correctional F	acility			
Name of Department or Office 1550 L Street		F (D L 1 C00)		
Mailing Address		Fort Dodge, Iowa 50501 City, State, Zip Code		
515-574-4700		Oity, State, Zip Code		
Area Code & Telephone No.				
ONTACT PERSON FOR REC	PIENT DEPARTMENT OR OF	FICE:		
Cornell R. Smith				
Name				
Same Mailing Address (if different from a	hove)	Same City, State, Zip (if different from above)		
Cornell.Smith@iowa.gov	bove)	515-574-4711		
Email Address	***	Area Code & Telephone Number (if different from above)		
lailing Address rea Code & Telephone Number	Fort Dodge, Iowa 50501 City, State, Zip Code	1-18-08 \$ 0.00 Date of Gift, Bequest, or Grant Amount/Value*		
,		"value is defined as "fair market value" of item as determined b receiving department or office. If no value mark "0.00".		
Email Address (optional)				
Provide a description of the gift, be	equest, or grant and purpose therec	of:		
,	given to offenders for one			
One year coms from AA	given to offenders for one	e year attendance to AA.		
Criteria to use this form:				
Receipt of any gift, bequest, or gra	ant that is received by any departme	ent of the state or received by the Governor on behalf of the state.		
	,	•		

S

I, ________affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, 1A 50319

DES MOINES, IA 50319

Fax: (515)281-3701 2008 JAH 28 AH 9: www.iowa.gov/ethics



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FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office use only			
Audited _	A		
Checked			
Compute	r		

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Fort Dodge Correctional Facility		
Name of Department or Office	Fort Dodge, Iowa 50501	-
Mailing Address 515-574-4700	City, State, Zip Code	
Area Code & Telephone No.		
CONTACT DEDSON FOR DECIDIENT DEDAG	THENT OF SECIOE	

PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Cornell R. Smith	
Name Same	Same
Mailing Address (if different from above) Cornell.Smith@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Cornell R. Smith			
Name			· · · · · · · · · · · · · · · · · · ·
1550 L Street	Fort Dodge, Iowa 50501		
Mailing Address	City, State, Zip Code	1-23-08	\$ 5.00
515-574-4711		Date of Gift, Bequest, or Grant	Amount/Value*
Area Code & Telephone Number Email Address (optional)		*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

DVD entitled "The Terminal" to be donated to FDCF's offender library for offende's viewing.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the air market value (if applicable) is correct and true to the best of my knowledge.

/-) 5-0 8 Date